



April 3, 2015

Dr. Karen DeSalvo
National Coordinator for Health Information Technology
Office of the National Coordinator for Health Information Technology
Hubert H. Humphrey Building
200 Independence Avenue SW
Washington, DC 20201

RE: ONC Shared Nationwide Interoperability Roadmap Draft 1.0

Dear Dr. DeSalvo:

I am writing on behalf of the Alliance for Home Health Quality and Innovation (the “Alliance”) with regard to the request for public comment on the **Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap Draft Version 1.0**.¹ The Alliance appreciates the opportunity to provide comments on the proposed interoperability roadmap.

About the Alliance for Home Health Quality and Innovation

The Alliance is a non-profit 501(c)(3) organization with the mission to lead and support research and education on the value of home health care to patients and the U.S. health care system. Working with researchers, key experts and thought leaders, and providers across the spectrum of care, we strive to foster solutions that will improve health care in America. We are also a membership based organization comprised of not-for-profit and proprietary home health care providers and other organizations dedicated to improving patient care and the nation’s healthcare system. For more information about our organization, please visit: <http://ahhqi.org/>.

The Alliance supports the direction of, and sentiment behind, the roadmap, and commends the Office of the National Coordinator for Health IT’s (ONC’s) efforts in focusing attention on the need for national interoperability in health information technology. With the roadmap, ONC is demonstrating an interest in moving forward the discussion of interoperability as a central component of a more efficient and cost-effective health care delivery system. As noted previously, the idea of a shared *Nationwide Interoperability Roadmap* is critical to providing high quality care to patients regardless of where they are treated in the continuum.

¹ Office of the National Coordinator Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap Draft Version 1.0, (Jan. 2015)
<http://www.healthit.gov/sites/default/files/nationwide-interoperability-roadmap-draft-version-1.0.pdf>

Additionally, the Alliance appreciates the mention of home health care and long-term and post-acute care (LTPAC) in the specific discussion of future care delivery and the move to community-based models of care delivery. The Alliance supports the work being done in the context of the S&I Framework's electronic Long-Term Services and Support (eLTSS) initiative, and looks forward to engaging with the initiative. The eLTSS initiative will be useful in developing significant use cases for community-based care and possible standardized data elements.

Finally, the Alliance supports the expanded discussion of the Health Insurance Portability and Accountability Act (HIPAA) as it relates to what data can be exchanged, how, and by whom. Such clarification, as referenced within the Executive Summary of the proposed roadmap, will allow for more efficient and safe transfer of health information.

Although the Alliance supports the overall direction of the roadmap, the following are key considerations for ONC moving forward: (I) need for greater clarity on the roles of stakeholders; (II) expanded discussion of standards; (III) consideration of further incentives for adoption of interoperable systems; and (IV) inclusion of priority use cases that involve LTPAC.

I. In order to better achieve interoperability across all care settings, further clarity is needed on the roles of various stakeholders

Setting a national roadmap is a crucial first step in creating a truly interoperable learning health care system. As such, the Alliance applauds ONC's efforts to set the course for the future. However, further clarity is still needed on the roles of individual stakeholders in advancing interoperability. Within the currently proposed roadmap, the roles of stakeholders are not clearly defined in the evolving learning health care system. Given that ONC refers to stakeholders as the true owners of the roadmap, it is crucial to flesh out their roles in seeing the ten-year timeline through.

II. Additionally, while the Alliance appreciates this first step, expanded discussion of standards is still needed to facilitate interoperability across stakeholder groups.

The inclusion of LTPAC, and discussion of the eLTSS initiative, within the roadmap are promising signs of the importance of community-based care and long-term supports and services in the health care system. Further discussion of standards is required to enable implementation of the roadmap across the continuum.

While the findings from the eLTSS initiative will be critical in the further development of standards, the Alliance recommends ONC consider further exploration of standards, consistent with the Alliance's comments submitted last year on voluntary electronic health record (EHR) certification.² Within these comments, the Alliance noted that interoperability should be the key behind the development of software certification standards as it is the best way to promote

² Alliance Comments to ONC on Request for Public Comment on Voluntary 2015 Edition Electronic Health Record (HER) Certification (April 2014)
http://ahhq.org/images/uploads/Alliance_Response_to_ONC_on_Certification_v042814_WEB.pdf

care integration across settings. This is further supported by the S&I Framework's own Transitions of Care Initiative from 2011, which asserts standards are a critical enabler of care transitions.³

Therefore, to fully reach a nationwide interoperable health system, standards must remain a critical focus across all care settings, including LTPAC, community services, and behavioral health.

III. Despite a shared interest in achieving interoperability, further consideration should be given to incentives for creation and adoption of interoperable health information technology systems

While the Alliance understands the need for individual providers to play a critical role in the development of interoperable systems and networks, the Alliance urges ONC to consider additional policy levers and supports for the success of interoperability long-term. One possible means of incentivizing interoperability is through new models of care delivery. For example, the incorporation of health IT requirements in to the Medicare Shared Savings Program (“ACO proposed rule”)⁴ would be one way of promoting interoperability. Such incentives are appropriate as long as they do not pose an undue burden.

Additionally, within the context of the meaningful use program, the Alliance recommends that meaningful use providers increasingly be required to exchange health information with LTPAC providers. By utilizing the existing meaningful use program to further health information exchange across settings, the goal of interoperability is furthered without great financial strain on the system.

Without greater incentives for creation of these systems, there is no assurance that even those interested will invest in interoperability. This is referenced on page 37 of the proposed roadmap, “Despite strong agreement on the need for interoperability to enable higher quality, more efficient, person-centered care, the demand among providers, consumers and purchasers of health care has not yet translated into seamless interoperability across the health care system.” Thus, the Alliance urges ONC and HHS to consider further appropriate policy levers to advance the health care system towards interoperability.

IV. The Priority Use Cases listed in Appendix H should include those related to LTPAC and care transitions.

The Alliance urges ONC to look to the use cases developed by the S&I Framework's Longitudinal Coordination of Care (LCC) Workgroup for additional use cases that include LTPAC. As discussed in both the draft roadmap and above, the shift to community-based services will put a greater emphasis on long-term services and supports. As such, identifying use cases that include LTPAC services is critical to creating an interoperable health care system.

³ Presentation on S&I Framework Transitions of Care Initiative (Oct. 14, 2011)

<http://ahhqi.org/images/pdf/hit-s-and-i-framework.pdf>

⁴ Medicare Shared Savings Program, Proposed Rule, 79 Fed. Reg. 72760 (Dec. 8, 2014).

Therefore, the Alliance recommends the inclusion of the following use cases developed by the LCC WG, (1) a home health plan of care, (2) transitional care between home health and skilled nursing facilities (SNF), and (3) care transitions between SNFs and emergency departments.

Building upon these use cases will support the growth of interoperability as care shifts into the community, with a home as a critical locus of care.

* * *

The Alliance is appreciative of the efforts made by ONC to focus on goals for health IT in the midst of a changing health care landscape. By focusing on the expansion of HIT adoption and interoperability, patient well-being and safety will be furthered, and health care delivery will be improved overall.

In conclusion, the focus on the achievement of a nationwide interoperable learning health care system is one that the Alliance supports strongly. In order to maximize efficiency and achieve interoperability in the timelines discussed, greater discussion and clarification is needed on the role of individual stakeholders, appropriate standards, and incentives for adoption. Additionally, LTPAC and community-based services should remain a focus of discussion, with greater inclusion of the existing use cases.

Thank you again for the opportunity to comment. Should you have any questions about the Alliance's comments, please contact me at (202) 239-3671 or tlee@ahhqj.org or [Jennifer Schiller](mailto:jennifer.schiller@ahhqj.org) at (202) 239-3206 or jschiller@ahhqj.org.

Sincerely,



Teresa L. Lee, JD, MPH
Executive Director